

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cheltenham* ^{Town} *Pa Geo* ^{County}Date of death *1906* ^{Month} *Sept* ^{Day} *7* ^{Years} *8* ^{Months} *12* ^{Days}Sex *Male* Color or Race *White* Birth-place *MD*Occupation *none* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *John Albrightain* Father's Birthplace *MD*Mother's Maiden Name *Mamie A. Townsend* Mother's Birthplace *MD*Name of person giving information *Mamie A. Townsend* How related to deceased *mother*

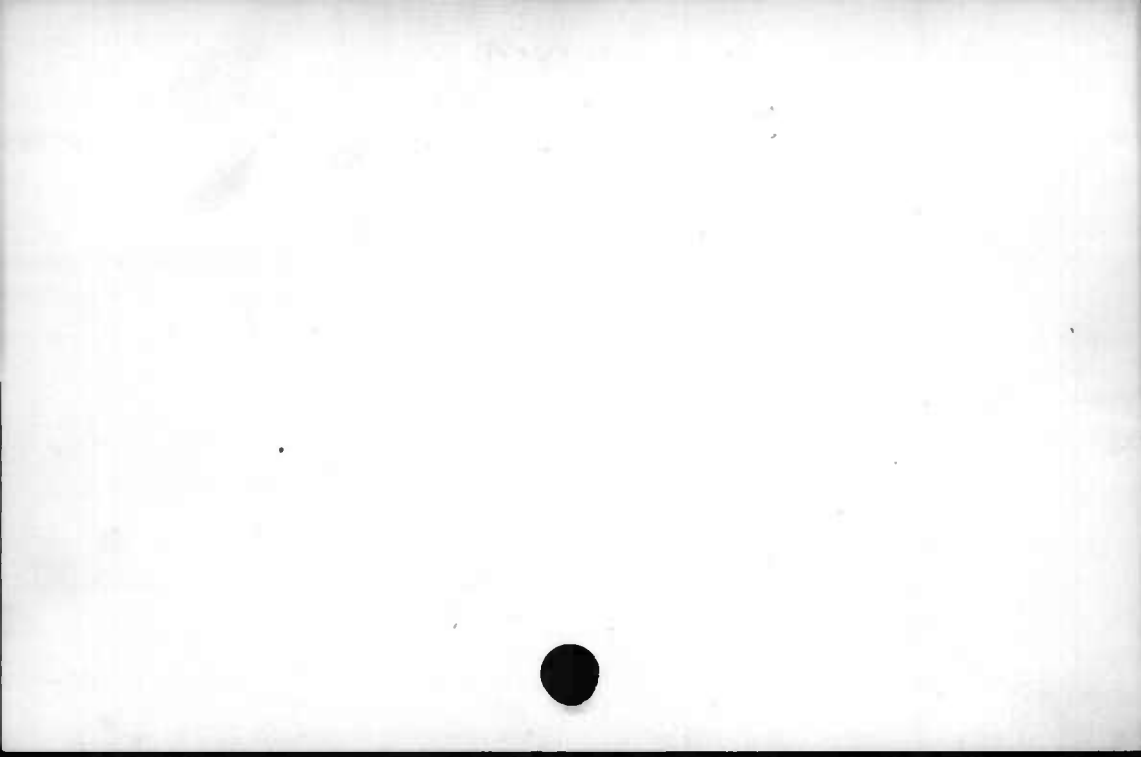
CAUSES OF DEATH

Primary *Tubercular Meningitis* How long *4 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. H. Gibbons*
Address *Crofton MD*

Accident or Suicide?



Name
in
Full

Susan Allen

CERTIFICATE OF DEATH

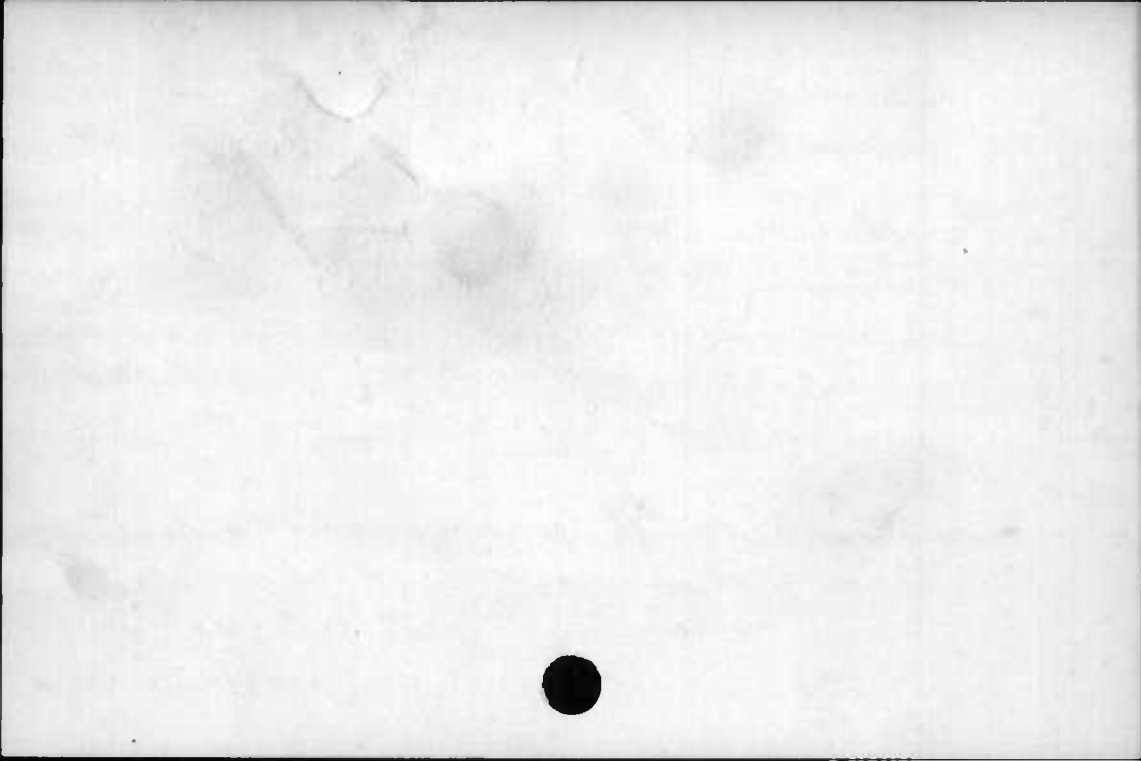
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Westphalia</u>		County <u>Prince George</u>		State <u>MARYLAND</u>	
Date	Month	Day	Age	Years	Months	Days	
of death	<u>1906</u>	<u>Sept</u>	<u>6</u>	<u>56</u>	<u>-</u>	<u>-</u>	
Sex	Color or Race		Birthplace				
<u>Female</u>	<u>Colored</u>		<u>Md</u>				
Occupation	Where Residing if not at place of death						
<u>Housewife</u>	<u>—</u>						
Married, Single or Widowed	Name of Husband						
<u>married</u>	<u>Robert Allen</u>						
Father's Name	Father's Birthplace						
<u>Phillip Medley</u>	<u>Md</u>						
Mother's Maiden Name	Mother's Birthplace						
<u>Juanita Brooks</u>	<u>Md</u>						
Name of person giving information	How related to deceased						
<u>Robert Allen</u>	<u>Husband</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart Disease</u>	How long	<u>6 yrs.</u>
Immediate	<u>Gastric trouble</u>	How long	<u>6 days.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes.</u>		<u>John E. Sausbury</u>	
		Address	
		<u>Forestville Md</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

Florence America

CERTIFICATE OF DEATH

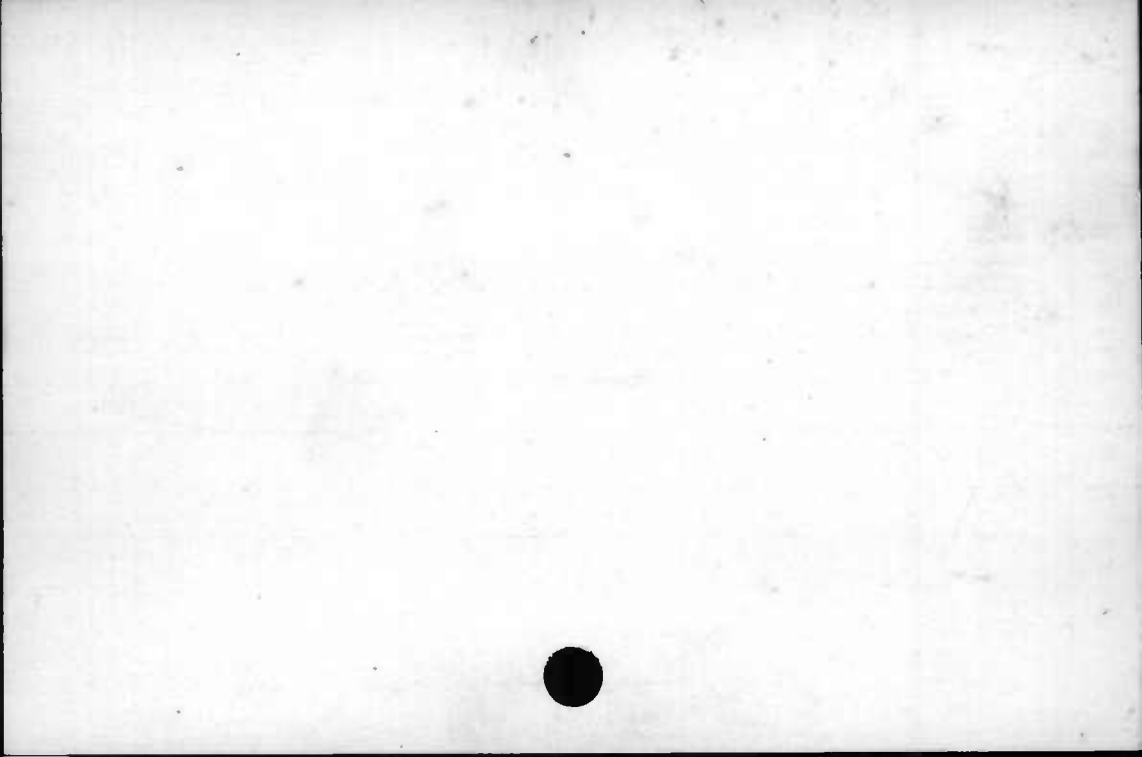
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	1906	Month	Sept	Day	7
Age	1	Years	10	Months	1
Sex	female	Color or Race	Caucasian	Birth-place	Laurel, Md
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	<i>George America</i>			Father's Birthplace	<i>Anne Arund Co. Md.</i>
Mother's Maiden Name	<i>Addie Williams</i>			Mother's Birthplace	<i>A. A. Co Md</i>
Name of person giving information	<i>George America</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH.

PHYSICIAN
OR CORONER

Primary	<i>Unknown. This child had Pertussis about 3 months ago and since that time has not been well.</i>	How long	<i>about 3 months ago</i>
Immediate	<i>since that time has not been well.</i>	How long	<i>new child.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>J. R. C. Worley</i>
		Address	<i>Laurel, Md.</i>
Accident or Suicide?			



Name in Full		Katie Berry				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Freemilly Town		Buried at		Prince Geo	
	Date of death		1906	Month Sept-	Day 29	Years	Age 17 Year	Months 5
	Sex		female		Color or Race		white	
	Occupation		school		Birth-place		Maryland	
					Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband				
Father's Name		Enoch Berry				Father's Birthplace		Maryland
Mother's Maiden Name		Maggie Rowland				Mother's Birthplace		Maryland
Name of person giving information		Father				How related to deceased		father
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Whooping Cough, terminating				How long	one month
	Immediate		in Bronchitis - Asthma				How long	one week
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		J. M. Parker M.D.	
					Address		Congress Heights D.C.	
Accident or Suicide?								



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Bertha A. Brown		Town Laurel		County Prince Geo		MARYLAND	
Died at							
Date of death	1906	Month	Sept	Day	19	Age	0
						Years	2
						Months	13
Sex	Female		Color or Race	white		Birth-place	Laurel
Occupation	nurse		Where Residing if not at place of death		Laurel		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	Harry S. Brown					Father's Birthplace	MD
Mother's Maiden Name	Elizabeth Boyer					Mother's Birthplace	MD
Name of person giving information	Harry S. Brown					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hleo-Colebis		How long	3 weeks
Immediate	Exhaustion		How long	—
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W F Taylor
			Address	Laurel Md
Accident or Suicide?				



Name
in
Full

John Randolph Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i>		Town <i>Laurel</i>		County <i>B. Ger.</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sep.</i>	Day <i>7</i>	Age <i>44</i>	Years <i>44</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Laurel</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Laurel</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mollie Brown</i>						
Father's Name <i>James W. Brown</i>	Father's Birthplace <i>Laurel</i>						
Mother's Maiden Name <i>Mary L. Shorts</i>	Mother's Birthplace <i>Laurel</i>						
Name of person giving information <i>James W. Brown</i>	How related to deceased <i>Father</i>						

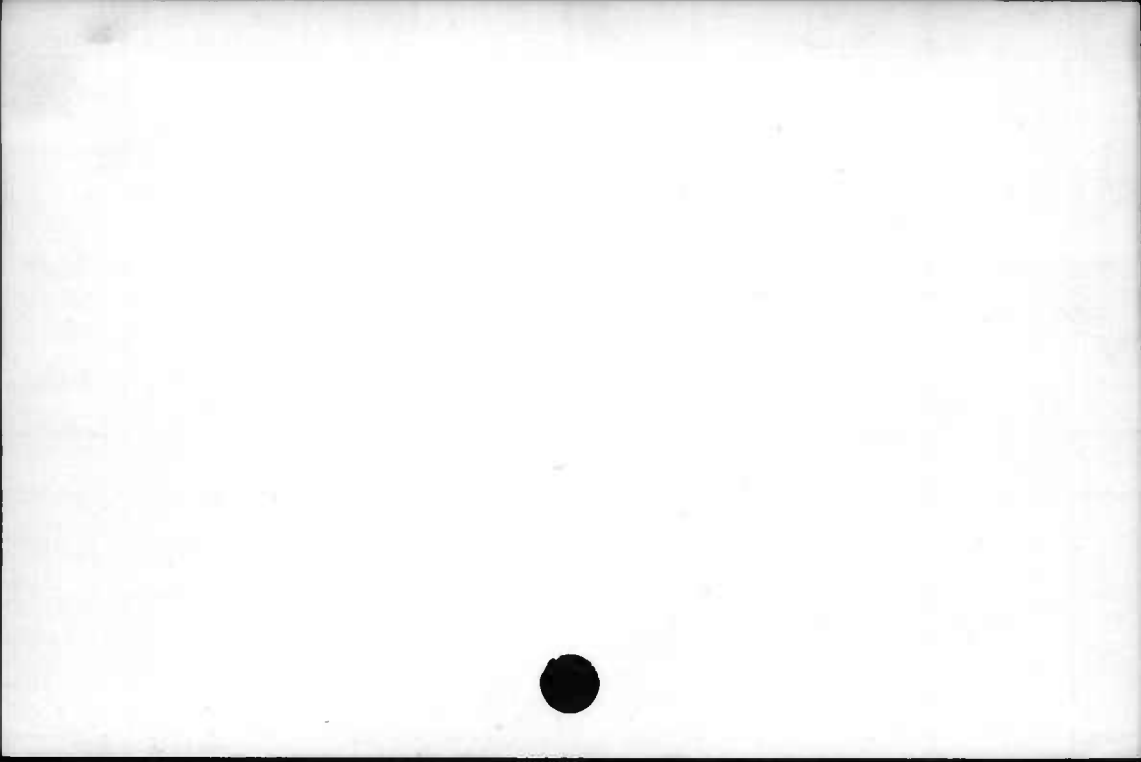
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Incompetence</i>	How long <i>166</i>
Immediate <i>Accident</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. F. Taylor</i>
	Address <i>Laurel Md</i>
Accident or Suicide? <i>—</i>	



Name in Full		Mrs. May Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town St. Washington		County Pr. Geo.		MARYLAND
	Date of death	1906	Month Sept.	Day 3	Age Years	26	Months Days
	Sex	Female		Color or Race	White-		Birth- place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name			Father's Birthplace			
	Mother's Maiden Name			Mother's Birthplace			
Name of person giving In formation			How related to deceased				
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Pulmonary tuberculosis				How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		C. W. Shurtliff	
				Address		Piscataway, Md.	
<div style="text-align: center;">Accident or Suicide?</div>							



Name in Full

Certificate of Death

Thomas L. Brown

Town

County

Died at Queen Anne

Prince George's

MARYLAND

Date 1906 Month 9th Day 11th Y. M. D. Age 36-10-11. Native of Maryland Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 4.

Husband
of
WifeFather's
Name John W. BrownMother's
Name Margaret D. Brown

Cause of Primary Typhoid Fever

Death Immediate Hemorrhage of bowels. Exhaustion

How long sick 12 days.

Accident Suicide Homicide

Reported by J. F. R. Dufour M.D.

Address Halls, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Ida Cuen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Berwyn</i>		County <i>Prince George</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept</i>	Day <i>22</i>	Age	<i>37</i>	Years	Months <i>6</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Virginia</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Gustavus W. Cuen</i>			
Father's Name	<i>George White</i>				Father's Birthplace	<i>Virginia</i>	
Mother's Maiden Name	<i>Hannah Bayles</i>				Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>G. W. Cuen</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pol. Tuberculosis following Typhoid Fever</i>		How long	<i>3 months</i>
Immediate	<i>Asthma</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>A. O. Etienne</i>	
			Address <i>Berwyn. Md.</i>	
Accident or Suicide?				

Branchville N. J.

Name
in
Full

Maggie Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chilinton</u> ^{Town}		<u>P. G.</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month}	<u>11</u> ^{Day}	<u>26</u> ^{Years}	<u>22</u> ^{Months}	<u> </u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u> </u>		
Married , Single		Name of Wife or Husband <u> </u>			
Father's Name	<u>Brent Davis</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Ellenora Hardkins</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Brent Davis</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	How long	<u>2 weeks</u>
Immediate	<u>Consumption 2 weeks</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>J. F. Waring</u>	
Address		<u>Chilinton</u>	
Accident or Suicide?		<u>Ind</u>	



Name
in
Full

Vernie Garner

CERTIFICATE OF DEATH

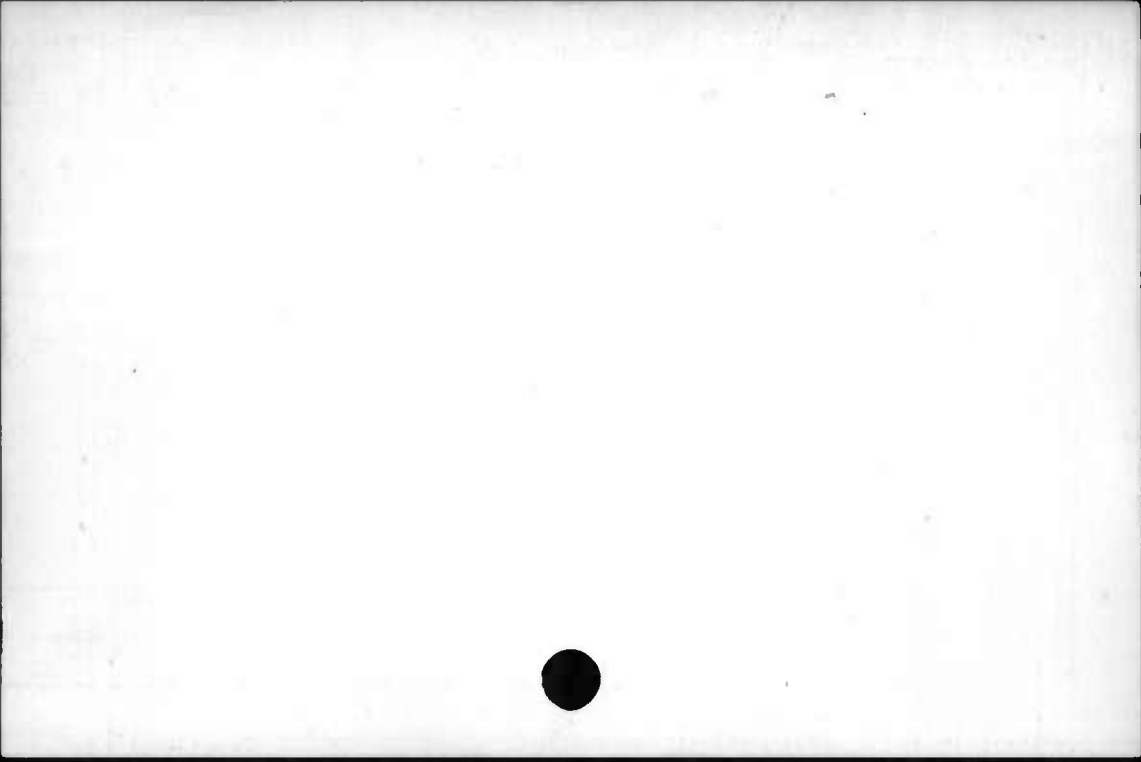
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baden</i> Town		<i>Pr. Geo</i> County		MARYLAND	
Date of death	1906	Month	9	Day	20
				Years	24
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Wash DC</i>
Occupation	<i>—</i>	Where Residing if not at place of death		<i>Wash DC</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>John F. Garner</i>			Father's Birthplace	<i>Pr. Geo Co Md</i>
Mother's Maiden Name	<i>Caroline Locke</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Robt. Hyde</i>			How related to deceased	<i>Cousin</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>5 weeks</i>
Immediate	<i>Gastritis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. Morton Brown</i>
		Address	<i>Aquasco Md</i>
Accident or Suicide?	<i>no</i>		



Name
In
Full

CERTIFICATE OF DEATH

Annie M. Gates

Town

Selma

County

Pr Geo.

MARYLAND

Died at

Date

of death 1906

Month

9

Day

1

Years

10

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Md.

Occupation

Child

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Philip Henry Gates

Father's
Birthplace

Md.

Mother's
Maiden Name

Annie M. Spencer

Mother's
Birthplace

D.C.

Name of person giving
information

Philip H. Gates

How related
to deceased

Father

CAUSES OF DEATH

Primary

Acute Indigestion

How long

2 days

Immediate

Peritonitis

How long

1

Are the name, age, sex, color, date
and place correctly given above?

Yes

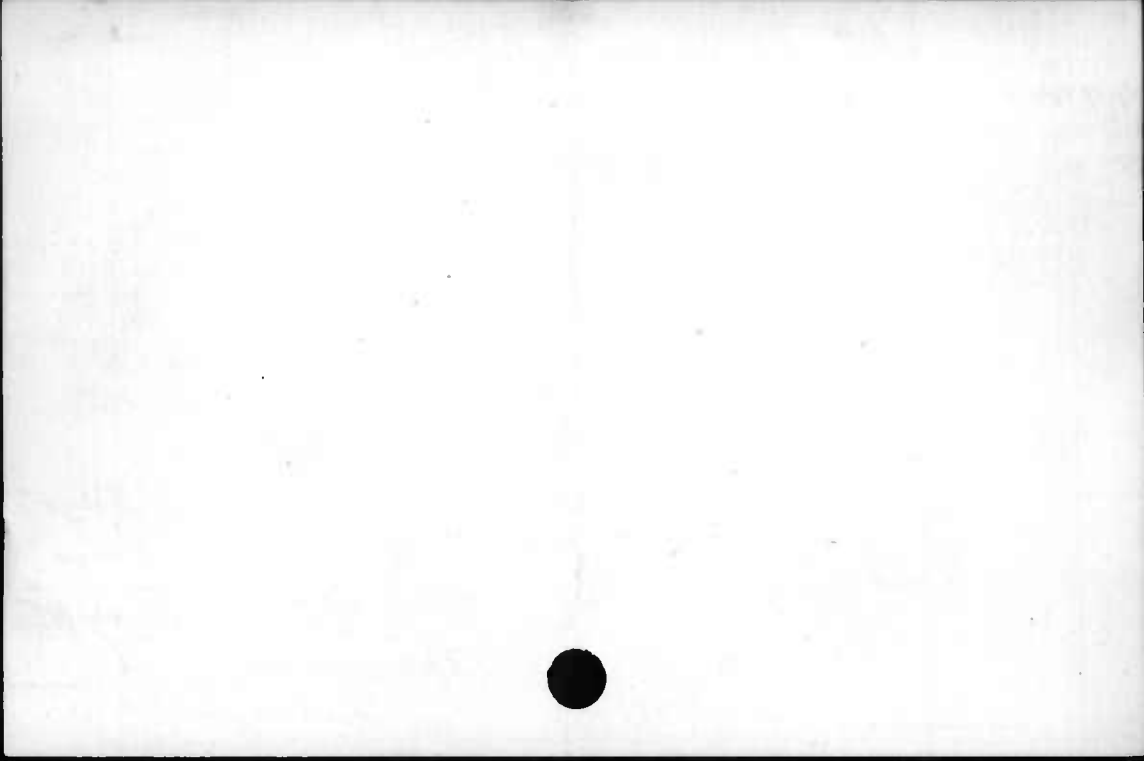
Signature of
Physician

Address

E. P. Simpson M.D.
Rosecroft Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Aguasco* Town*Prin* CountyDate of death *1906 Sept*Day *25*Age *Years*Months *1*Days *15*Sex *Female*Color or Race *White*Birth place *Maryland*

Occupation

Where Residing if not at place of death

*at home*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Andrew J. Grimes*Father's Birthplace *Maryland*Mother's Maiden Name *Margaret A. Demas*Mother's Birthplace *Maryland*Name of person giving information *Andrew J. Grimes*How related to deceased *Father*

CAUSES OF DEATH

Primary *Its mother had typhoid fever when it was born*How long *43 days*Immediate *malnutrition and sudden Cold Change in the weather*How long *2 days*

Are the name, age, sex, color, date and place correctly given above?

Yes

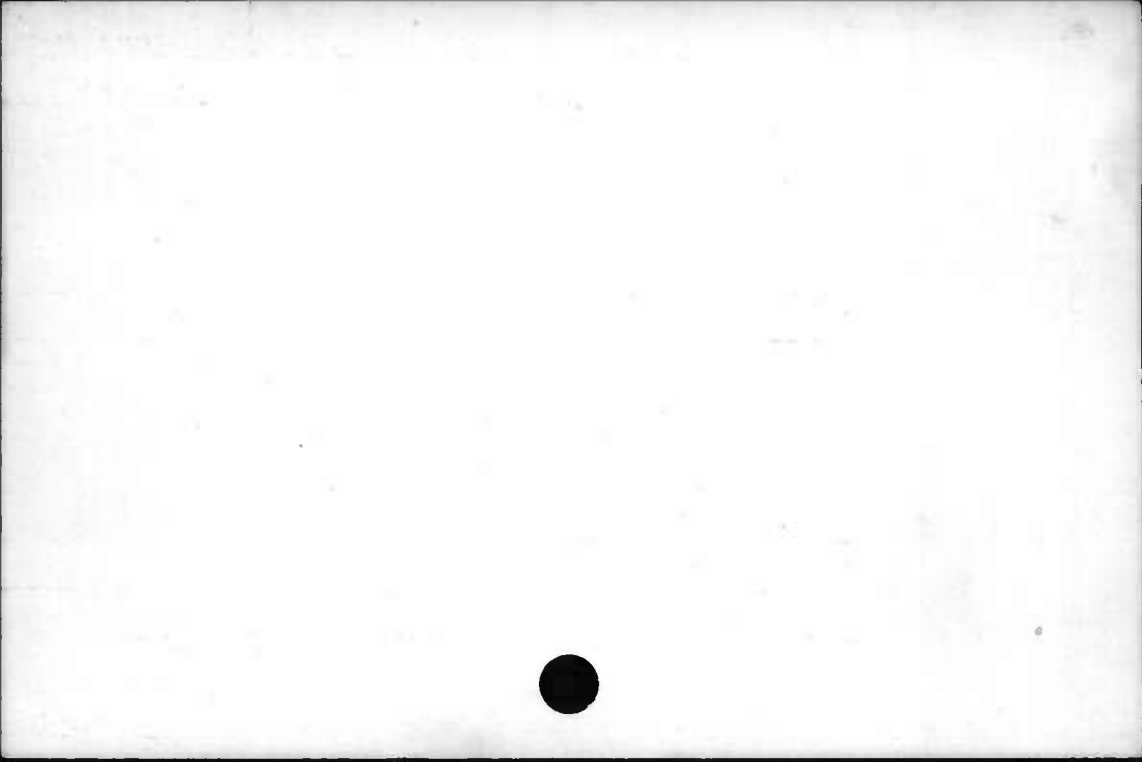
Signature of Physician

Wm. A. Marbury M.D.

Address

Aguasco, Maryland.

Accident or Suicide?



Name
in
Full

Janet Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		T.B. Town		P.S. County		MARYLAND	
Date of death	1906	Month	9	Day	27	Age	Years 16 Months Days
Sex	female	Color or Race	Colored	Birth-place	Mn		
Occupation	Schoolgirl			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	George Hall			Father's Birthplace Mn			
Mother's Maiden Name	Jimmie Johnson			Mother's Birthplace Mn			
Name of person giving information	Jimmie Hall			How related to deceased Mother			

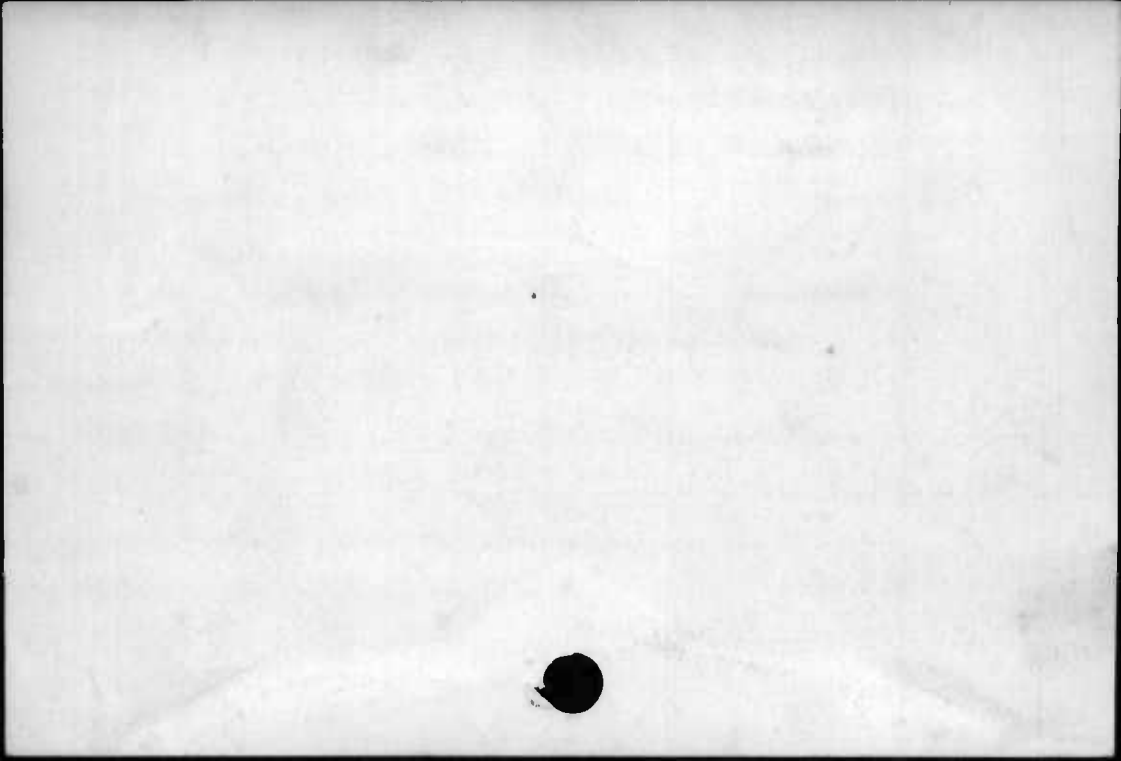
CAUSES OF DEATH

PHYSICIAN
OR CORONER

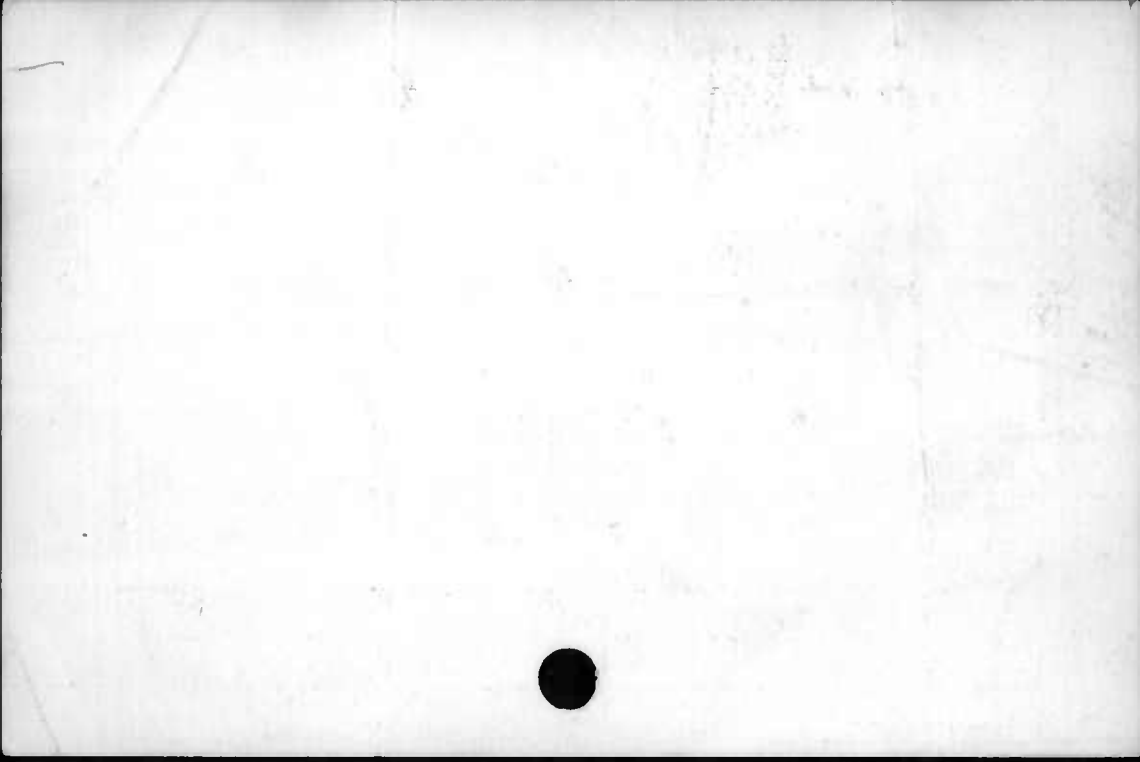
Primary	Pulmonary Tuberculosis	How long	3 or 4 months
Immediate	Athemia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John A. Cor
		Address	T.B.
Accident or Suicide?			Mn



Name In Full		James A Harden				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Pittsburg		Town		P. G. County		
		Date of death		1906	Month	Sept	Day	17
		Sex		Male	Color or Race		Colored	Birth-place
		Occupation		None	Where Residing if not at place of death		Md	
		Married, Single or Widowed		Single	Name of Wife or Husband		—	
PHYSICIAN OR CORONER		Father's Name				Henry Harper		
		Mother's Maiden Name				Hattie Brooks		
		Name of person giving information				Henry Harper		
		Father's Birthplace				Md		
Mother's Birthplace				Md		How related to deceased		
Father								
CAUSES OF DEATH								
Primary		Spinal Trouble				How long		
Immediate		Convulsions				How long		
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		
Accident or Suicide?						Address		
						Forestville Md		

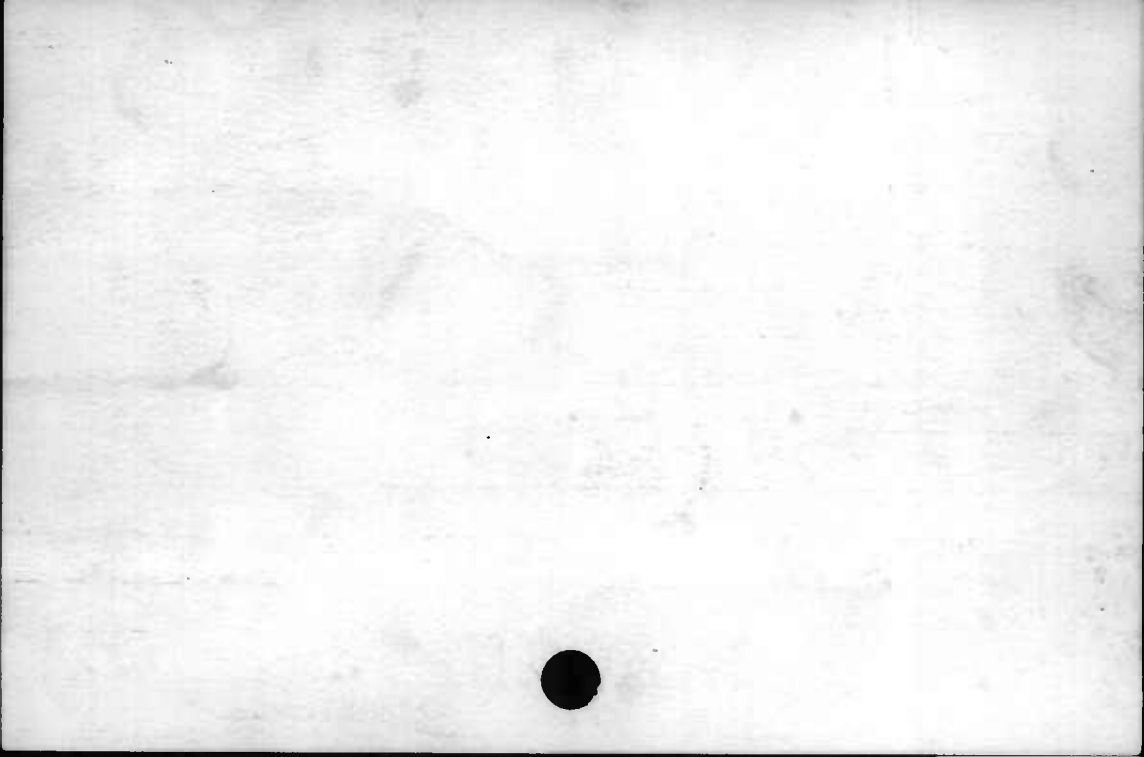


Name In Full		Christina Heller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Bladensburg		County Prince Geo		MARYLAND	
	Date of death	Month 6	Day Sept	Year 1906	Age 74	Months -	Days -
	Sex	Female		Color or Race	white		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband		Henry Heller	
	Father's Name	Dettenborn		Father's Birthplace	Germany		
	Mother's Maiden Name			Mother's Birthplace	Germany		
Name of person giving information	Fred Heller		How related to deceased	Son			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	nephritis (interstitial)				How long	2 years
	Immediate	uraemia				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	L. W. Hatter	
					Address	Hyattsville Md	
	Accident or Suicide?		neither				



Name in Full		Della Johnson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Branchville		Town		Pr. George	
	Date of death		1906		Sept		Month	
	Day		9		Age		49	
	Sex		Female		Color or Race		Colored	
	Occupation		Housewife		Where Residing if not at place of death		Maryland	
	Married, Single or Widowed		Married		Name of Wife or Husband		Larkin Johnson	
Father's Name		Harry Johnson		Father's Birthplace		Maryland		
Mother's Maiden Name		Don't know		Mother's Birthplace		Don't know		
Name of person giving information		Larkin Johnson		How related to deceased		Husband		

CAUSES OF DEATH	
Primary	Chronic Endocarditis
How long	19
Immediate	19
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	H. H. E. E. E.
Address	Berwyn Md.
Accident or Suicide?	No



Name
in
Full

Thomas Osborn Kidwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cheltenham</i> ^{Town}		<i>P.G.</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>9</i> ^{Month}	<i>25</i> ^{Day}	<i>7</i> ^{Years}	<i>7</i> ^{Months}	<i></i> ^{Days}
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Richard Kidwell</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Hawkins</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Mary Kidwell</i>			How related to deceased <i>mother</i>		

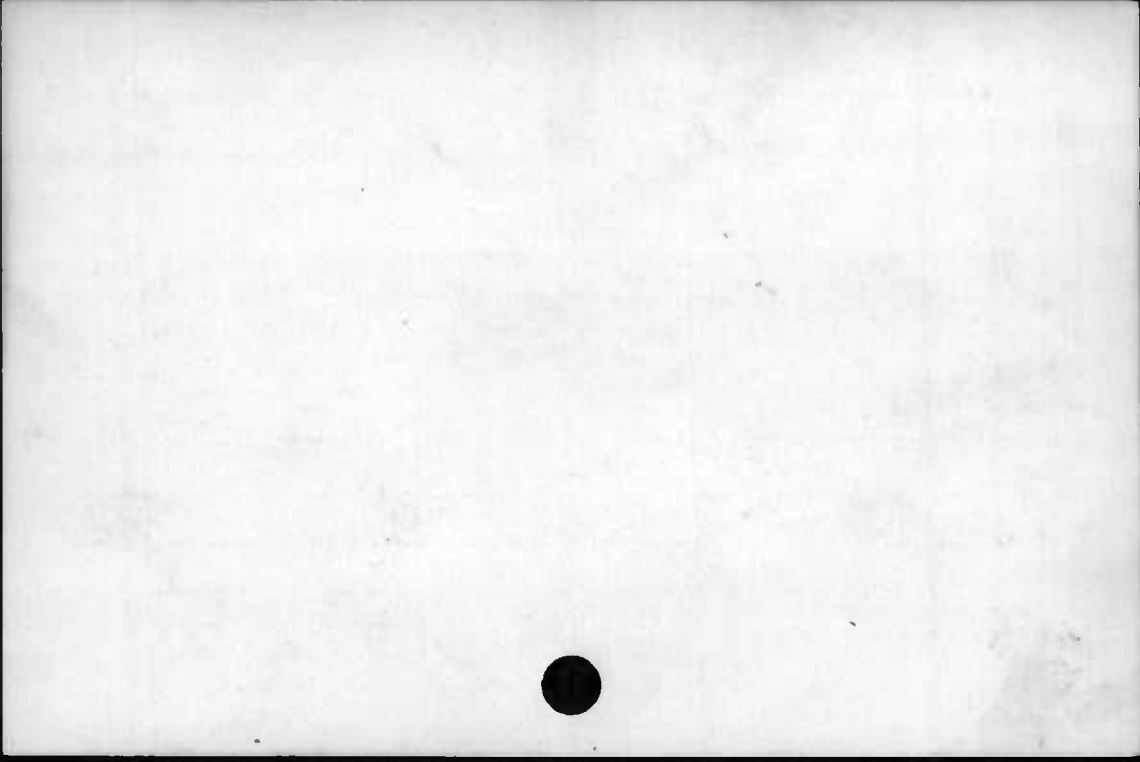
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Edema of lungs</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A. Cor</i>
<i>9</i>	Address <i>Z.B.</i>
Accident or Suicide?	<i>Ind</i>



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Marlboro</i>		County <i>P. G.</i>				
		Town		State <i>MARYLAND</i>				
		Date of death <i>1906</i>	Month <i>9</i>	Day <i>8</i>	Age <i>76</i>	Years	Months	Days
		Sex <i>Female</i>	Color or Race <i>—</i>		Birth-place <i>Md</i>			
		Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>				
		Married, Single or Widowed		Name of Wife or Husband <i>Levi King</i>				
		Father's Name <i>Richard Jones</i>		Father's Birthplace <i>Md</i>				
		Mother's Maiden Name <i>Nancy King</i>		Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Levi King</i>		How related to deceased <i>Son</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Hemorrhage of brain</i>		How long <i>3 weeks</i>				
		Immediate <i>Exhaustion</i>		How long				
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Remedy Sasser</i>				
		Accident or Suicide?		Address <i>Upper Marlboro Md</i>				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bladensburg</i> ^{Town}		<i>P. George</i> ^{County}		MARYLAND		
Date of death <i>1906</i>		<i>Sept</i> ^{Month}	<i>13th</i> ^{Day}	<i>51</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Linkins</i>				
Father's Name <i>—</i>		<i>don't know</i>		Father's Birthplace <i>M. S.</i>		
Mother's Maiden Name <i>—</i>		<i>—</i>		Mother's Birthplace <i>—</i>		
Name of person giving information <i>Julius Linkins</i>		<i>—</i>		How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Birchall M.D.</i>
<i>Approximately</i>	Address <i>Hyattsville Ind</i>
Accident or Suicide? <i>—</i>	

Carroll's Chapel, Montgomery County
Md.

Name
in
Full

Charles Mitchell

CERTIFICATE OF DEATH

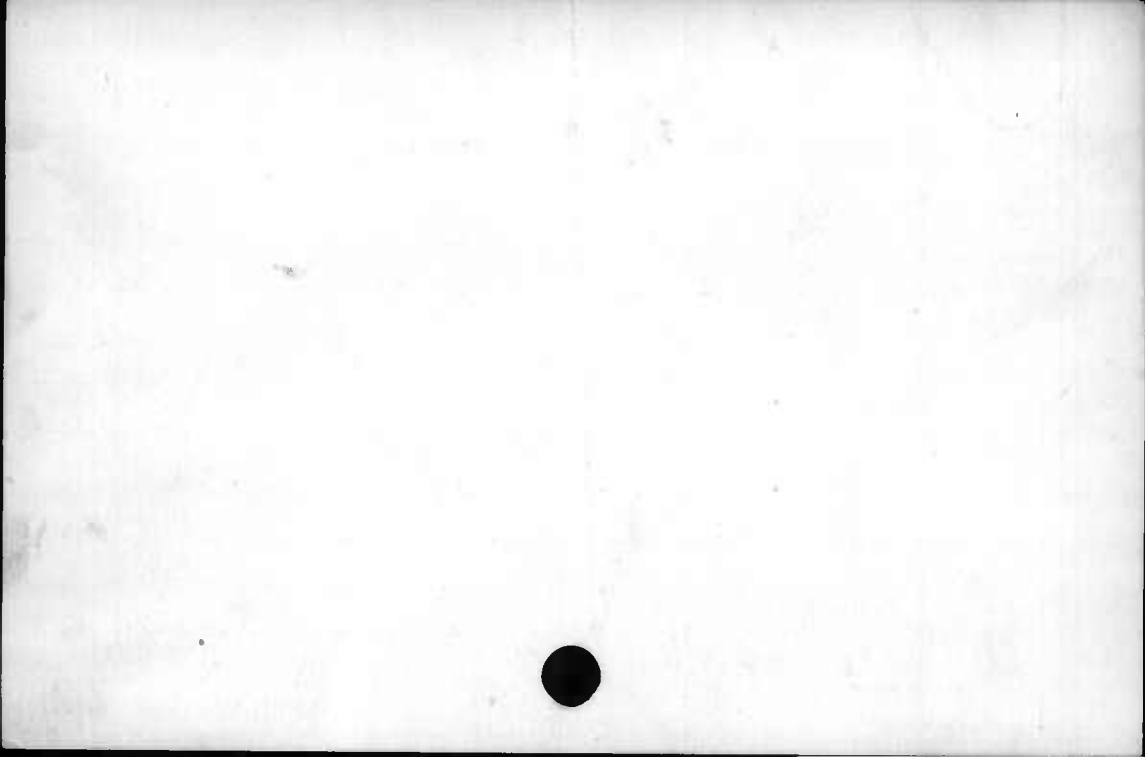
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Sept	8	Age 24			
Sex	Male		Color or Race	Colored		Birth-place	Md
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Hattie				
Father's Name	Cornelius Mitchell				Father's Birthplace	Md	
Mother's Maiden Name	Susan Smithers				Mother's Birthplace	"	
Name of person giving information	Robert Mitchell				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Unknown shock	How long	179
Immediate	No medical attendant	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. F. Gibbons	
		Address Croome Md	
Accident or Suicide?			



Name
in
Full

Rebecca R Penn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Prince Geo		MARYLAND	
Date of death	1906	Month 9	Day 18	Age 66	Years	Months 5	Days 12
Sex	Female		Color or Race	White		Birth-place	Ind Laurel
Occupation	Housewife			Where Residing if not at place of death		—	
Married, Single or Widowed	Married		Name of Wife or Husband	Edward Penn			
Father's Name	William Ager					Father's Birthplace	—
Mother's Maiden Name	Susan Adams					Mother's Birthplace	—
Name of person giving information	Dorice Penn					How related to deceased	Daughter-in-law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	not - certain	How long	109	Suddenly
Immediate	intestinal perforation	How long	—	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W. F. Taylor	
		Address	Laurel Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Eliza Ann Phelps

Town

County

MARYLAND

Died at

Laurel

P.G.

Date

Month

Day

Years

Months

Days

of death

1906

September

24

Age

90

6

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Ann

Where Residing if not
at place of death

Laurel

Married, Single
or Widowed

Wid

Name of Wife or
Husband

Warfield

Father's
Name

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth A. Riggs

Mother's
Birthplace

Md

Name of person giving
In formation

Mrs. Johnson

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

General Debility from Old Age

How long

Immediate

Failure of Vital powers

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

John Cronmiller M.D.

Address

Laurel Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Ann Maria Pyrell

Died at ^{near} College Park ^{Town} Prince Georges ^{County} MARYLAND

Date ~~189~~ 1906 ^{Month} 9 ^{Day} 26 ^{Y.} 85 ^{M.} D.C. ^{D.} None ^{Native of} None ^{Occupation}

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 8 living

~~Husband~~ of Robt R. Pyrell
 Wife Diggs
 Father's Name Diggs

Mother's Name dont know

Cause of Death { Primary apoplexy, clot on brain 4 years ^{How long sick}
 Immediate 2 attack of same 64 ^{Accident, Suicide, Homicide}

Reported by W.D. Everfield M.D.

Address College Park

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



57

Name
in
Full

Richard I. Robinson

CERTIFICATE OF DEATH

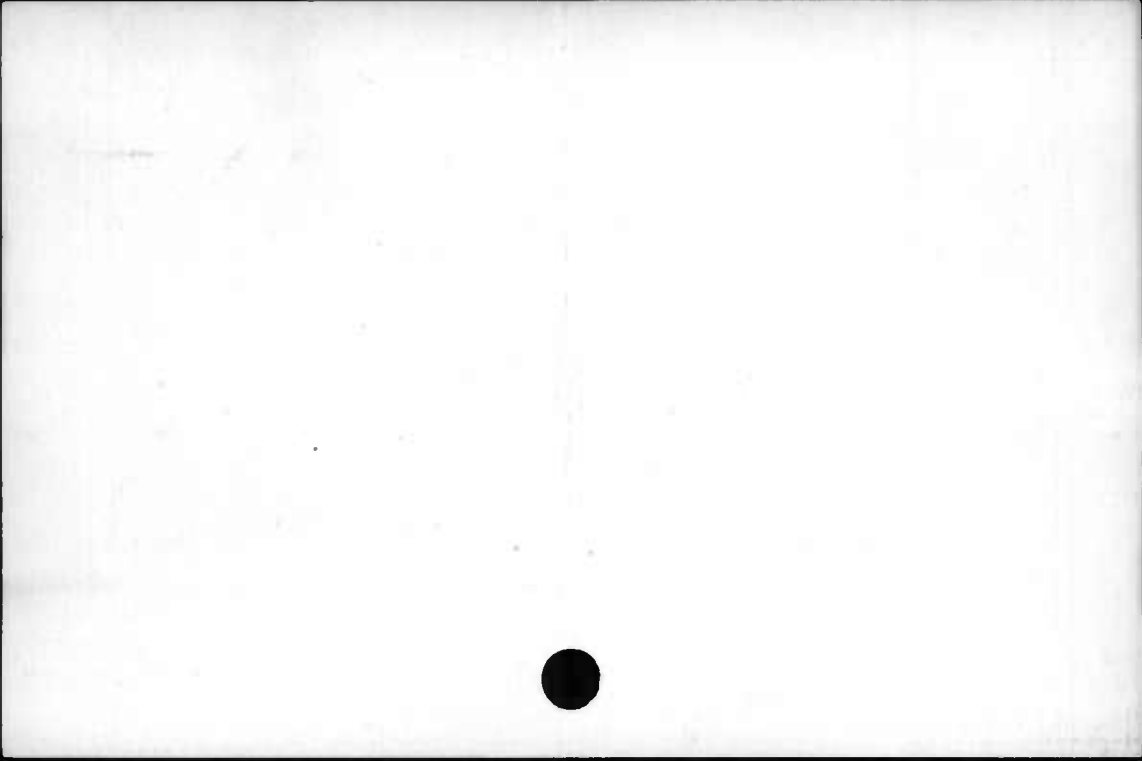
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cheltenham</u> ^{Town}		<u>Pr Geo</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	Month <u>Sept</u>	Day <u>19</u>	Age <u>76</u>	Years <u>76</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband				
Father's Name <u>Thos R Robinson</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>Thomas Robinson</u>	How related to deceased <u>son</u>				

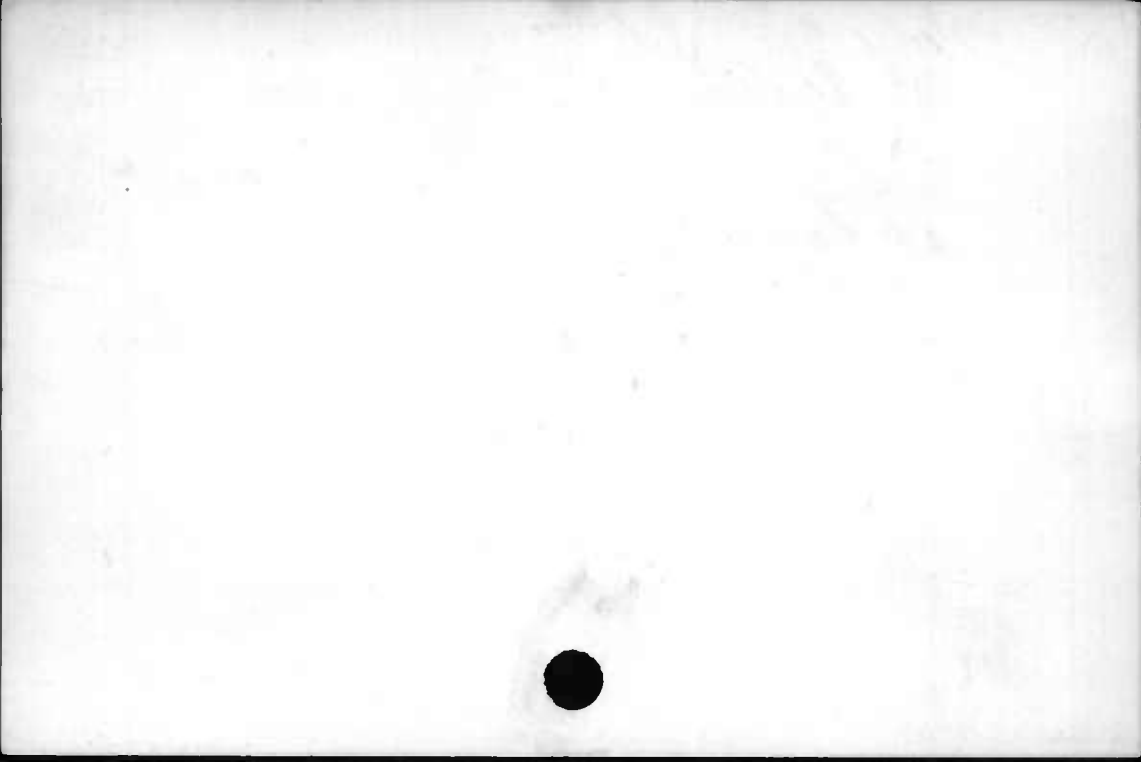
CAUSES OF DEATH

PHYSICIAN
OR CORONER

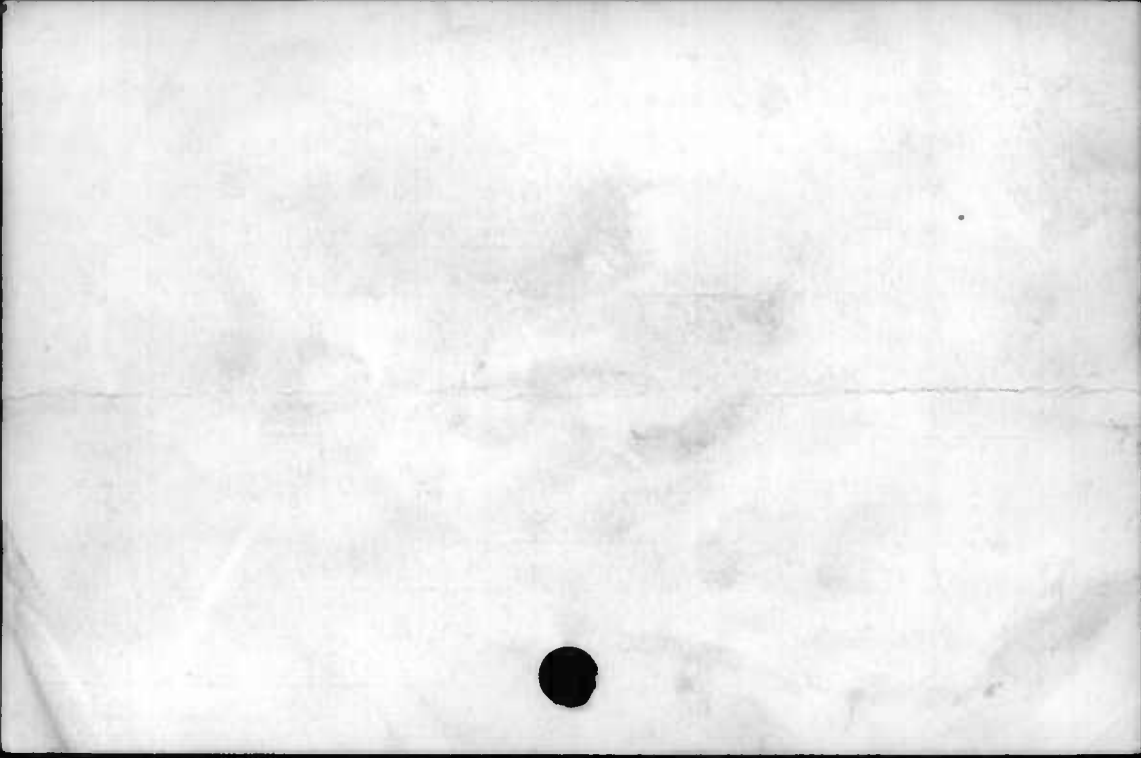
Primary <u>Aproptety</u>	<u>64</u>	How long <u>2 days</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Gibbons</u>	
	Address <u>Croom md</u>	
Accident or Suicide?		



Name In Full		Blanch. Irene Roland				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month	Day	Age	Years		
	1906		9	14			Months	Days
	Sex		Color or Race		Birth-place			
	Female		White		Md.			
	Occupation		Where Residing if not at place of death					
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		Alton Roland			Father's Birthplace		Md.
	Mother's Maiden Name		Lillie J. White			Mother's Birthplace		"
	Name of person giving information		Alton Roland			How related to deceased		Father
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Pertussis + Gastro-Enteritis			How long		2 weeks
	Immediate		Hyper-pyrexia			How long		6 hrs
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			E. P. Simpson, M.D.
					Address			Rosecroft - Md.
	Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Seat Pleasant</i>		County <i>Prince George</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>29</i>	Age <i>19</i>	Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>md</i>	
	Occupation <i>at home</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>single</i>	Name of Wife or Husband			
	Father's Name <i>John T Sprigg</i>	Mother's Maiden Name <i>Maria Johnson</i>		Father's Birthplace <i>md</i>	
Name of person giving information <i>Maria Sprigg</i>		How related to deceased <i>mother</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 months</i>			
	Immediate <i>Exhaustion</i>	How long <i>2 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. S. Sprigg</i>			
		Address <i>Berming. D. C.</i>			
	Accident or Suicide?				



Name
in
Full

Charles Walter Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakeland</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>Sept</i> ^{Month}	<i>19</i> ^{Day}	<i>Eleven</i> ^{Years}	<i>Twenty four</i> ^{Months}
Sex	<i>Boy</i>		Color or Race	<i>collard</i>	
Occupation			Birth-place	<i>Lakeland</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			<i>Albert Steward</i>		
Mother's Maiden Name			<i>Agnes Wall</i>		
Name of person giving information			<i>Albert Steward</i>		
Father's Birthplace			<i>Howard Co. Md.</i>		
Mother's Birthplace			<i>Westminster, Md.</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough</i>	How long	<i>Eighteen Days</i>
Immediate	<i>Whooping cough</i>	How long	<i>Eighteen Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>C. P. Vanvelkenburg, J. P.</i>	
		Address	
		<i>Lakeland Md.</i>	
Accident or Suicide?			

Bladenburg Md

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Laurel</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death	190 <i>6</i> ^{Month} <i>Sept.</i> ^{Day} <i>17th</i> ^{Years} <i>50</i>	Months <i>6</i>		Days	
Sex <i>Male</i>	Color of Race <i>White</i>		Birth-place <i>Virginia</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Laurel</i>			
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband				
Father's Name <i>Samuel Finimons</i>	Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Jennie Finimons</i>	Mother's Birthplace <i>Va</i>				
Name of person giving information <i>Albert Finimons</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>Four years</i>
Immediate <i>Supposed to be head trouble</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Ryerley</i>
	Address <i>Laurel Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

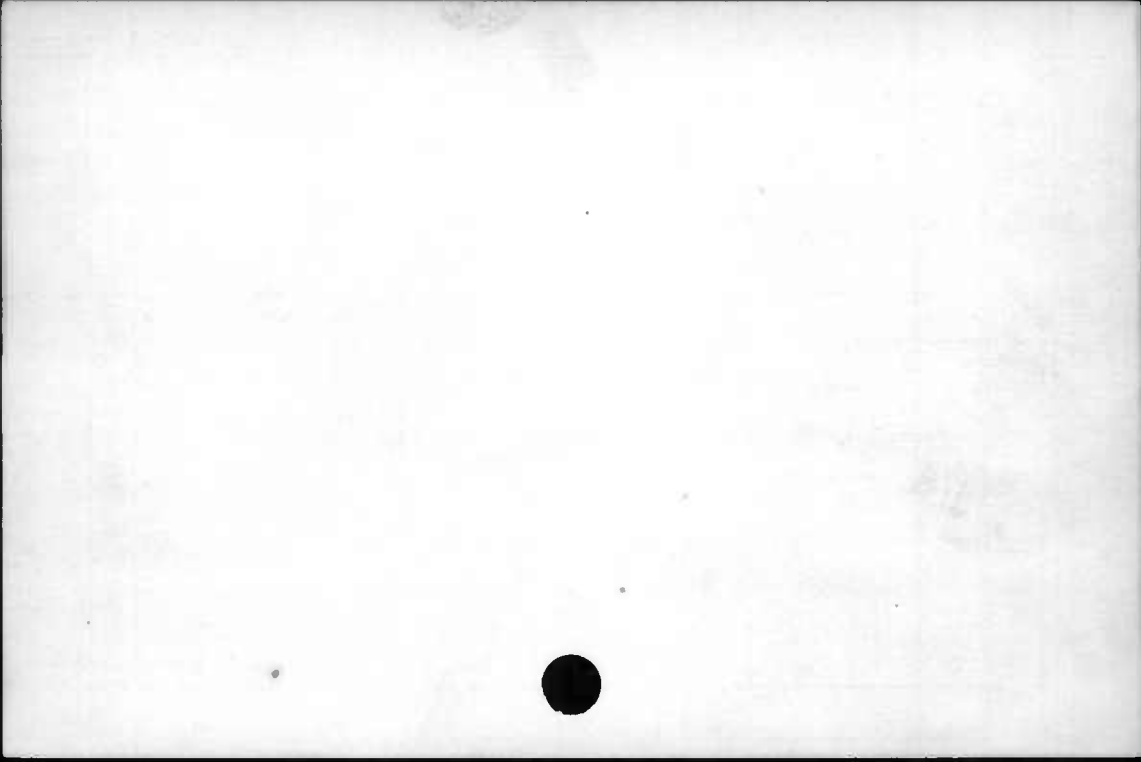
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Laurel</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death	1906	Month <i>Sept</i>	Day <i>4</i>	Age	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Laurel</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>—</i>
Immediate	<i>Asphyxiation</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>W. F. Taylor</i>	
		Address	
		<i>Laurel, Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

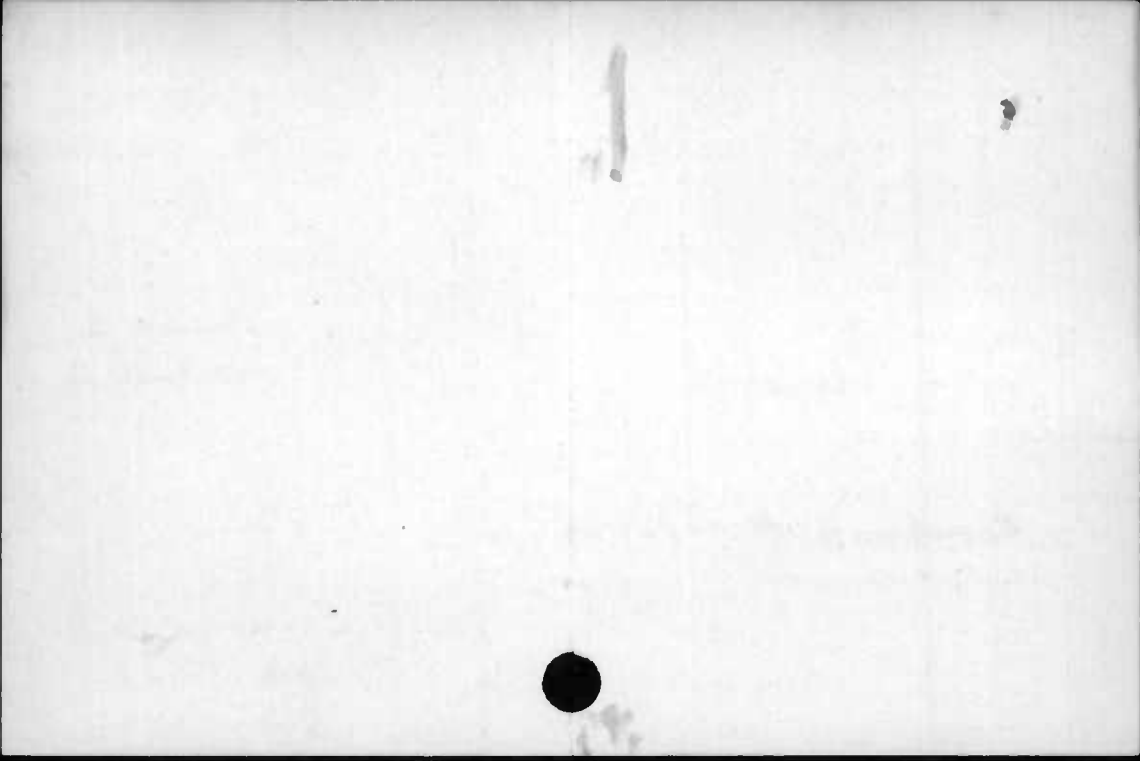
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northkens</i> Town		<i>Pk</i> County		MARYLAND	
Date of death <i>1906</i> Month <i>Sept</i> Day <i>30</i> Age <i>75</i> Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Kent G md</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Francis Hallis</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Emily Thomas</i>		Mother's Birthplace <i>md</i>			
Name of person giving Information <i>J S Wallis</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hepatic Abscess</i>	How long	<i>1 1/4</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W H Hobbins</i>	
		Address <i>Croom md.</i>	
Accident or Suicide?			



Name
in
Full

Mary E. Halton

CERTIFICATE OF DEATH

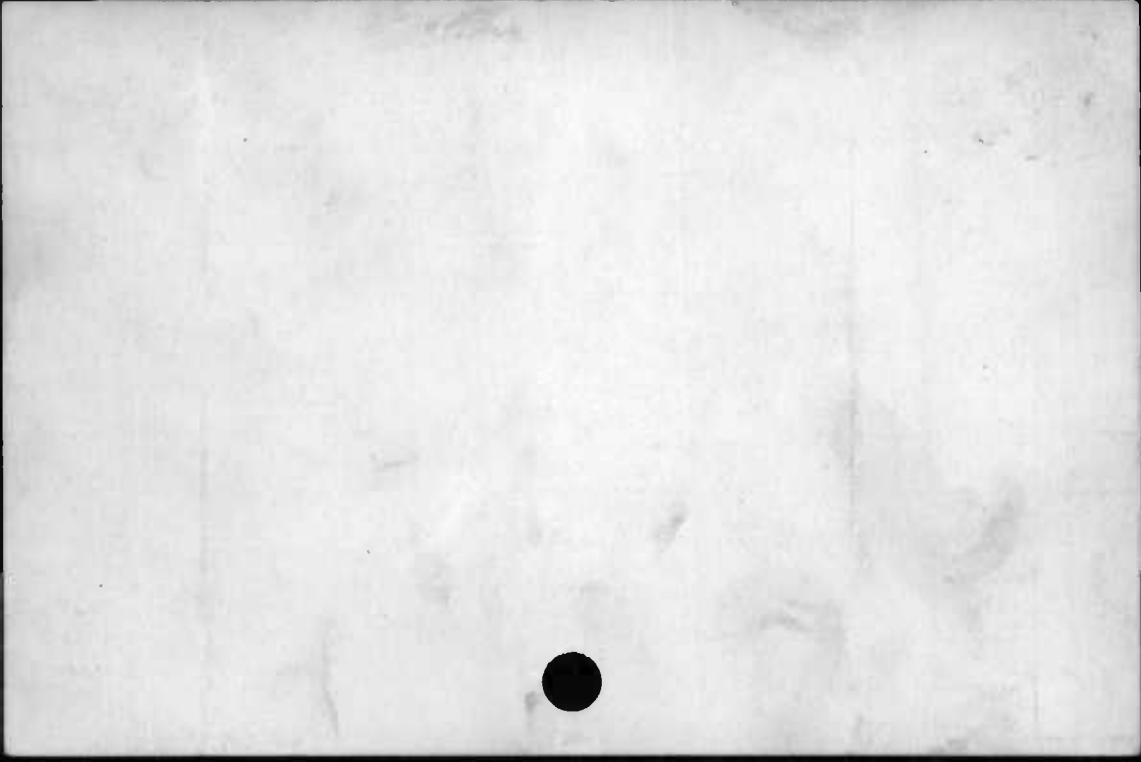
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Aquasco</i>		County <i>Prince George</i>		MARYLAND	
Date of death		1906	Month <i>7</i>	Day <i>19</i>	Age <i>47</i>	Years <i>11</i>	Months <i>20</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Calvert Co., Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Irre Halton (Deceased)</i>					
Father's Name <i>Samuel Halton</i>		Father's Birthplace <i>Calvert Co.</i>					
Mother's Maiden Name <i>Elizabeth</i>		Mother's Birthplace <i>Calvert Co.</i>					
Name of person giving information <i>Earley Halton</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Thrombosis of Cerebral Arteries or Thrombosis</i>		How long <i>4</i> days
Immediate <i>Congestion of Lungs</i>		How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mr. R. Latimer-M.D.</i>
		Address <i>Orme P.O. Maryland.</i>
Accident or Suicide?		



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Clinton ^{Town}County P. G.Date of death 1906 ^{Month} Apr ^{Day} 29 ^{Years} Age 2 yrs

Months

Days

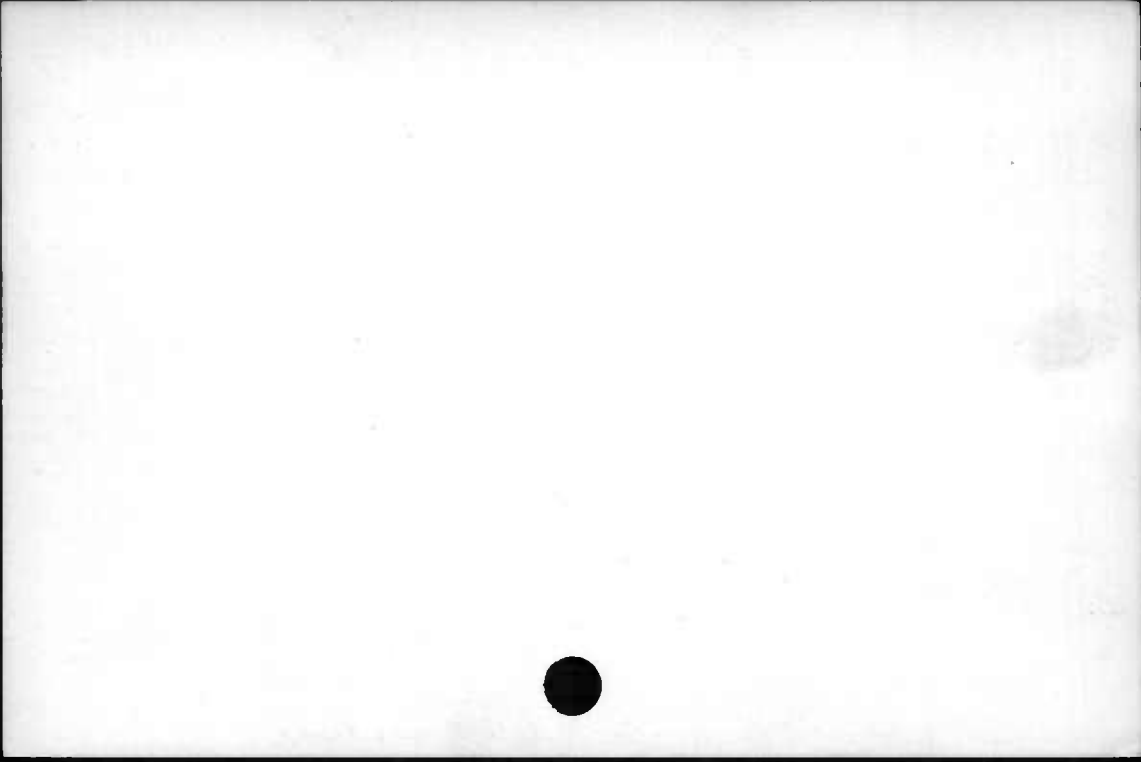
Sex MaleColor or Race WhiteBirth-place IndOccupation NoneWhere Residing if not at place of death Home~~Married~~, Single
~~or Widowed~~Name of Wife or Husband Richard WelchFather's Name Richard WelchFather's Birthplace MassMother's Maiden Name MontgomeryMother's Birthplace " "Name of person giving information R. WelchHow related to deceased Father

CAUSES OF DEATH

Primary ScaldedHow long 167Immediate Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician J. L. WaringAddress ClintonAccident or Suicide? No



Name
in
Full

Elmer Benedict Williams 9/6/1906
 Town County MARYLAND

CERTIFICATE OF DEATH

Died at Baden Town Prince George County
 Date of death 1906 Month Sept Day 6 Age 8 Years Months Days
 Sex male Color or Race white Birth-place Baden
 Occupation none Where Residing If not at place of death
 Married, Single or Widowed no Name of Wife or Husband
 Father's Name John Williams Father's Birthplace Westwood
 Mother's Maiden Name Ada Burch Mother's Birthplace Baden
 Name of person giving information William Burch How related to deceased Grandfather

CAUSES OF DEATH

Primary Thrush How long 3 weeks
 Immediate (100) How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

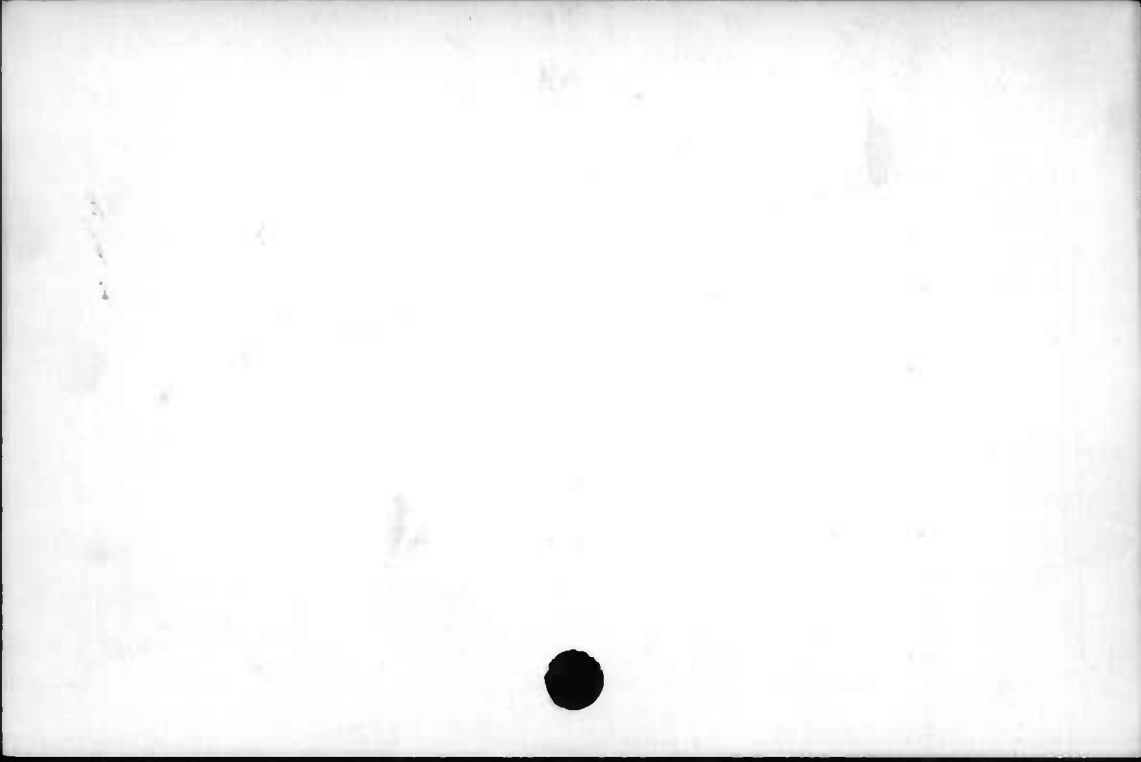
Wm Burch

Address

Grandfather
Baden, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Henry Wolf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bryans Point</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month	<i>September</i>	Day	<i>8th</i>
Age		<i>35</i>		Years	
Sex		<i>male</i>		Color or Race	<i>White</i>
Occupation		<i>Labover</i>		Where Residing if not at place of death	<i>Baltimore</i>
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>— — — — —</i>	
Father's Name	<i>Unknown</i>			Father's Birthplace	<i>— — — — —</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	<i>— — — — —</i>
Name of person giving information	<i>Charles Wolf</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Drowning</i>		How long	<i>172</i>
Immediate	<i>Drowning</i>		How long	<i>— — — — —</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. H. Polkynue</i>	
Address		<i>Justice of the Peace Acting as Coroner.</i>		
Accident or Suicide?		<i>Accident</i>		
		<i>Marshall Hall, Md.</i>		

